

Michigan Education Trust Request to Add/Change Appointee

Issued under Public Act 316 of 1986. Filing is mandatory.

PURCHASER INFORMATION

Name	Social Security Number
Street Address	Daytime Telephone ()
City, State, ZIP Code	E-mail Address

NEW APPOINTEE

Name	Social Security Number
Street Address	Telephone Number ()
City, State, ZIP Code	E-mail Address

As purchaser of the above Michigan Education Trust (MET) contract, I request that MET add/change the person named as Appointee to the person listed above.

Signature of Purchaser	Date
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MAIL TO:
Michigan Education Trust
P.O. Box 30198
Lansing, Michigan 48909
Fax:
(517) 373-6967